

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>TM</i>	32	5/30
FORMALITY REVIEW	<i>TM</i>	953	05-17-01
RESPONSE FORMALITY REVIEW	<i>JL</i>	967	8-28-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral).... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	1 5
Original	2 3
04	3 2
1 A	✓
2	V
3	/
4	V
5	V
6	V
7	V
8	/
9	V
10	V
11	✓
12	✓
13	V
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15	✓
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Claim	Date
Final	51
Original	52
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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C - L -
05-17-01

Best Available Copy